New Construction
Addition
Remodel
Repair

BUILDING COMMISSIONER 115 HILLCREST **OGDEN DUNES, IN 46368**

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APPLICATION FOR

BUILDING PERMIT

			7.55	
APPLICANT	TELEPHONE NO.	DATE		
PROPERTY OWNER	TELEPHONE NO.			
ADDRESS	LOT AREA (SQ. FEET LOT COVERAGE (%) (Not over (25%)			
CITY STATE ZIP DESCRIPTION OF WORK Attach separate sheet if necessary	LOT OCCUPANCY(Not over 50%)			
	PLAT OF SURVEY	YES	_NO	
	TOPOGRAPHIC (If needed)	YES	_NO	
	BUILDING PERMIT FEE_	8		
	DEBRIS REMOVAL DEPOS			
GENERAL CONTRACTOR	TOTAL FEES		_	
Name: Telephone number				
SIGNATURE OF APPLICANT	DATE DA	TE OF ISSUE		
SIGNATURE OF PROPERTY OWNER	R DATE			
I, as applicant and property owner, for this permit assume the ordinances, codes and statures, Land covenants, easements at	e responsibility to be aware of and to comply with al	l applicable town, sta	te and federal	

BUILDING COMMISSIONER